Department of Labor and Industries Plumber Certification PO Box 44470 Olympia WA 98504-4470 (360) 902-5207



## APPLICATION FOR PLUMBER TRAINEE CERTIFICATE

\$34.50 fee, made payable to the Dept. of Labor & Industries must accompany this application

| Department Use Onl   | <b>y</b>                     |                       |                                |                                 |  |  |
|--|------------------------------|-----------------------|--------------------------------|---------------------------------|--|--|
|  | Residential                  |                       |                                |                                 |  |  |
| Commercial Hours   | Specialty Hours              | Effective Date Ex     | xpiration Date C               | Certificate Number              |  |  |
|  |                              |                       |                                |                                 |  |  |
|  |                              |                       |                                |                                 |  |  |
|  |                              |                       |                                |                                 |  |  |
|  |                              |                       |                                |                                 |  |  |
| Name of applicant, last  |                              | first                 | mid                            | dle                             |  |  |
|  |                              |                       |                                |                                 |  |  |
| Address  |                              |                       |                                |                                 |  |  |
|  |                              |                       |                                |                                 |  |  |
|  |                              |                       |                                |                                 |  |  |
| City   |                              |                       | State                          | ZIP+4                           |  |  |
|  |                              |                       |                                |                                 |  |  |
| County   |                              | Birthdate             | Telephone#                     | Social Security # (for ID only) |  |  |
| ·  |                              |                       |                                |                                 |  |  |
| Is this your first application   | on?                          |                       |                                |                                 |  |  |
|  | No                           |                       |                                |                                 |  |  |
| <b>—</b> 103 — 1   | 10                           |                       |                                |                                 |  |  |
|  |                              |                       |                                |                                 |  |  |
| To take the <b>RESID</b>   | ENTIAL SPECIALTY             | V FXAMINATION         | , you must have a total of 60  | 00 hours experience in          |  |  |
| the plumbing trade.  |                              | EXAMINATION           | , you must have a total of oo  | oo nours experience in          |  |  |
| the plumonig trade.  |                              |                       |                                |                                 |  |  |
| To take the <b>JOUR</b> !  | NEVMAN EXAMINA'              | TION you must ha      | ve a total of 8000 hours expen | rience A minimum of             |  |  |
|  |                              |                       |                                | Tienee. A minimum of            |  |  |
| 4000 hours of this time must have been in the commercial plumbing trade.   |                              |                       |                                |                                 |  |  |
| All experience mus   | t have been for a registe    | ered contractor, and  | under the supervision of a cer | rtified plumber                 |  |  |
| Till experience mas  | 1 114 10 00011 101 4 1051010 | rea contractor, and   | ander the supervision of a con | timou pramoer.                  |  |  |
| All plumber trainee  | cards will show the lev      | el of supervision the | at is required.                |                                 |  |  |
| All plumber trainee cards will show the level of supervision that is required.                                       |                              |                       |                                |                                 |  |  |
|  |                              |                       |                                |                                 |  |  |
|  |                              |                       |                                |                                 |  |  |
|  |                              |                       |                                | _                               |  |  |
|  |                              |                       | olicants regardless of expe    |                                 |  |  |
|  |                              |                       | rue and accurate to the be     |                                 |  |  |
| (see RCW 18.106 and WAC 296-400A-130 for penalties for false statements or material                                  |                              |                       |                                |                                 |  |  |
| misrepresentations).   |                              |                       |                                |                                 |  |  |
| •  |                              |                       |                                |                                 |  |  |
| Washington hours will not be credited if you did not have a current plumber trainee certificate.                     |                              |                       |                                |                                 |  |  |
|  |                              |                       |                                |                                 |  |  |
|  |                              |                       |                                |                                 |  |  |
| I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct: |                              |                       |                                |                                 |  |  |
| D-4-   | C:                           |                       |                                |                                 |  |  |
| Date   | Signature of Applicant       |                       |                                |                                 |  |  |
|  |                              |                       |                                |                                 |  |  |

Department of Labor and Industries Plumber Certification PO Box 44470 Olympia WA 98504-4470 (360) 902-5207



## PLUMBER'S AFFIDAVIT OF EXPERIENCE

## (Time frame cannot exceed 12 months per affidavit)

- > There can be no errors, whiteouts, alterations, or additions on the form. Only original affidavits will be accepted.
- > Time frame cannot exceed 12 months per affidavit
- ➤ Work in the commercial/journeyman category requires supervision in a one to one ratio (one journeyman plumber to one plumber trainee)
- ➤ Work in the residential/specialty category requires supervision in a two to one ratio (One certified plumber to two plumber trainees)
- ➤ See Chapter 18.106 RCW and Chapter 296-400A WAC for penalties for false statements or material misrepresentations.

| Washington hours will not be credi  | ted if you did r                          | ot have a current p         | lumber trainee certificate.             |  |  |
|---|---|-----------------------------|---|--|--|
| *                                       | * * * * * * * * * *                       | * * * * * * * * * * * * * * | * |  |  |
| The plumbing contractor or the supervising plumber's signature is o           |   |                             |   |  |  |
|   |   |                             |   |  |  |
| I,  | / /II : D                                 |                             | affirm and certify that                 |  |  |
| Print Name of Cor   | itractor/Union Rep                        | resentative                 |   |  |  |
| Print Name of Plum  |   | Trainee Certificate #       |   |  |  |
| Has worked for  |   |                             |   |  |  |
| Print   | Print Name of Company or Training Program |                             |   |  |  |
| from to   |   | _ performing plumbing       | work under the direct supervision       |  |  |
|   |   |                             |   |  |  |
| of a certified journeyman or residential sp<br>for the number of hours shown. | ecialty plumber.                          | The experience was gain     | ned in the category indicated below     |  |  |
|   | ial/Journeyman                            |                             | hours                                   |  |  |
|   | al/Specialty                              |                             | hours                                   |  |  |
| Residentia  | in specialty                              |                             |   |  |  |
|   |   |                             |   |  |  |
| Contractor/Union Representative Signature                                     | _   | Supervising Plumber Sign    | nature                                  |  |  |
|   |   |                             |   |  |  |
| UBI or Registration Number  |   | Certificate Number          |   |  |  |
| SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DATE                                |   |                             |   |  |  |
| NOTARY PUBLIC IN AND FOR THE STATE OF   |   |                             |   |  |  |
| RESIDING IN   |   |                             |   |  |  |
| MY COMMISSION EXPIRES ON  |   |                             |   |  |  |
| NOTARY SIGNATURE  |   |                             |   |  |  |